

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2010-03-19
Date of Last Change to Activities:
Investment Auto Submission Date: 2012-02-27
Date of Last Investment Detail Update: 2012-02-27
Date of Last Exhibit 300A Update: 2012-02-27
Date of Last Revision: 2012-08-14

Agency: 029 - Department of Veterans Affairs **Bureau:** 00 - Agency-Wide Activity

Investment Part Code: 02

Investment Category: 00 - Agency Investments

1. Name of this Investment: Medical IT Support

2. Unique Investment Identifier (Ull): 029-555555114

Section B: Investment Detail

- 1. Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

In addition to transforming the VA through the development and implementation of the 16 Major Transformational Initiatives, the VA understands the critical need to maintain the IT infrastructure currently in place and to accept the new systems and platforms scheduled for release. The Medical IT Support investment delivers reliable, secure and responsive IT services used by the Veterans Health Administration (VHA) to provide a broad range of primary/specialized care, medical/social support services, health care education/training, and advances in medical research & development. Sustaining ongoing operations for the "stack" of installed infrastructure (desktops, mobile computing/communicating equipment, help desk operations, servers and file storage, security infrastructure, voice/data/video connectivity, and data centers) is the purpose of the O&M portion of the VA's Medical IT Support budget. This "stack" of infrastructure is deployed in over 300 major facilities and nearly 1,100 other points of care/service. Also supported is the sustainment of legacy systems including Decision Support System, Enrollment operations, Allocation Resource Center, Health Research Center; and legacy software including: VistA systems, VistA Imaging systems, QuadraMed, and Dental Record Manager, etc. This investment also supports the build-out of IT support space, and IT infrastructure as part of major/minor facility construction projects, Community Based Outpatient Clinics and non-recurring maintenance at VHA facilities. IT Infrastructure provides the backbone necessary for daily operational needs of VA medical centers, Veteran

facing systems, and all other IT systems supporting the department's mission. Proper operation and maintenance of this enterprise requires sustainment of activities, refreshment of existing equipment that reaches the end of its lifecycle, and major infrastructure upgrades as systems and IT platforms outlive their ability to keep current with the rapidly changing technology environment. The funding requested provides IT availability and IT performance according to service level agreements with the supported lines of business within the Department, maintaining high availability and quality of service to our Veterans, as well as assuring continuity of operations in case of outages. It also helps assure a robust, scalable, self-healing infrastructure capable of accepting the new products and systems released by the agile development process now in place.

2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.

The size and complexity of the infrastructure stack grows and changes continually in response to the needs of the supported businesses and services. As additional investment is made in the lines of business (non-IT costs), the Operations and Maintenance support required (IT costs) has also increased. During the past 5 years, long term secular trends in O&M costs have been pushing these IT costs upwards annually. Secular trends include: new employees, new facility activations, new systems and platforms released into production, increase in proportion of staff with mobile computing and communication requirements, increase in reliance on WAN/LAN and other telecom costs, IT tools, unfunded/out of cycle requests, security requirements, and greater need for tools to manage increasing complexity in IT environment. Future secular trends include: wireless point of care devices for clinical care and administrative roles, increasing virtual collaboration of knowledge workers working as virtual teams and/or teleworking, increasing numbers of external connections (e.g. to DoD or private 'accountable care' organizations), moving from terabytes to petabytes to ectobytes of storage with concomitant mandate for record retention, legal recovery, and disaster tolerance/recovery, "Cloud" computing and greater reliance on network connectivity, and innovations. The budget requirements for ongoing O&M are not static and must respond to the long-term secular pressures experienced by the IT infrastructure stack. The consequences for not keeping pace with the secular trends would be degradation of the infrastructure stack over time, with resulting decline in service levels for the systems and applications used by the VA lines of businesses and the Veteran clients they support. This becomes manifested through increased equipment outages, system down time, poor system performance, and increasing levels of IT "debt" (the total cost of replacing all the 'beyond' lifecycle equipment forced to remain operational because of the lack of replacement funds). More than continuing to operate with a version of a desktop operating system that is two iterations behind current standard, this lack of investment would be noticed through more major outages that would be prolonged, more frequent and result in serious patient safety issues or greater cost of operation for the Administrations and Staff offices attempting to perform their mission to the Veteran.

3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.

Sustained IT services used by the Veterans Health Administration (VHA).

4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).

Continue to sustain IT services used by the Veterans Health Administration (VHA).

5. Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.

2011-05-31

Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$0.0	\$0.0	\$0.0	\$0.0
DME (Excluding Planning) Costs:	\$0.0	\$16.7	\$2.2	\$0.0
DME (Including Planning) Govt. FTEs:	\$0.0	\$16.8	\$14.7	\$46.6
Sub-Total DME (Including Govt. FTE):	0	\$33.5	\$16.9	\$46.6
O & M Costs:	\$1,160.4	\$475.1	\$559.9	\$760.0
O & M Govt. FTEs:	\$563.9	\$543.8	\$493.5	\$477.5
Sub-Total O & M Costs (Including Govt. FTE):	\$1,724.3	\$1,018.9	\$1,053.4	\$1,237.5
Total Cost (Including Govt. FTE):	\$1,724.3	\$1,052.4	\$1,070.3	\$1,284.1
Total Govt. FTE costs:	\$563.9	\$560.6	\$508.2	\$524.1
# of FTE rep by costs:	4,410	4,309	4,508	4,437
Total change from prior year final President's Budget (\$)		\$485.5	\$378.0	
Total change from prior year final President's Budget (%)		85.65%	54.62%	

2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

The total costs for PY2011 and CY2012 in the summary of funding table have been adjusted to reflect the revised operating budget.

Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded		VA11810P004Z									
Awarded		VA798AP0091									
Awarded		V0002	VA11810P0057	3600							
Awarded		V200P1804	V200P1757	3600							
Awarded		V200P1805	V200P1757	3600							
Awarded		V200P1821	V200P1752	3600							
Awarded		V200P1829	V200P1750	3600							
Awarded		VA11810P0082									
Awarded		VA11810P0054									
Awarded		VA11810P007Z									
Awarded		V200P1820	V200P1751	3600							
Awarded		V200P1806	V200P1751	3600							
Awarded		VA246P0510									
Awarded		VA557C050010002	VA247P0014	3600							
Awarded		VA557C050010001	VA247P0014	3600							
Awarded		VA247P0014									
Awarded		V526V00001									

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

These contracts support operations and maintenance activities and do not require EVMS per OMB Circular A-11 and VA Directive 6061. OMB

Circular A-11 and VA Directive 6061 require the use of post implementation reviews and operational analysis on operations and maintenance efforts to promote more effective management oversight.

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities:

Section B: Project Execution Data

Table II.B.1 Projects					
Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
NONE					

Activity Summary								
Roll-up of Information Provided in Lowest Level Child Activities								
Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
NONE								

Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
NONE								

Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
% of internal customers satisfied with reliability, availability, and responsiveness of IT services	# of internal customers	Customer Results - Customer Benefit	Over target	67.000000	68.000000	67.000000	70.000000	Semi-Annual
% of services meet the SLA goals.	# of services	Customer Results - Service Quality	Over target	75.860000	99.000000	75.860000	99.000000	Semi-Annual
% of problems resolved on first contact.	# of problems	Process and Activities - Cycle Time and Timeliness	Over target	70.000000	70.000000	82.040000	70.000000	Monthly
% of time VistA system is available.	# of successful queries	Technology - Reliability and Availability	Over target	99.000000	99.000000	99.690000	99.000000	Monthly
% of time Health Data Repository (HDR) system is available.	# of minutes	Technology - Reliability and Availability	Over target	99.000000	99.000000	99.000000	99.000000	Monthly
% of time MyHealtheVet (MHV) system is available.	# of minutes	Technology - Reliability and Availability	Over target	99.000000	99.000000	99.000000	99.000000	Monthly